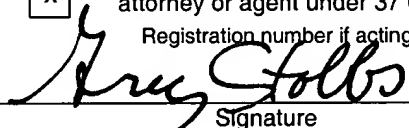




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|   |  |   |                         |
|---|--|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |  | <b>Docket Number (Optional)</b><br>2552-000001/US |                         |
| Application Number 09/833863  |  | Filed April 12, 2001                              |                         |
| For Performance Information Edit And Playback Apparatus   |  |   |                         |
| Art Unit 2179   |  | Examiner S. M. Hanne                              |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |  |   |                         |
|   |  | <u>Fee</u>  | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))  | \$120   | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450   | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))   | \$1020  | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590  | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160  | \$1080 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.   |   |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.  |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.   |   |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.  |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-0750 . I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |  |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |   |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |  |   |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 28,764  |  |   |                         |
| <br>_____<br>Signature   |  | _____<br>June 26, 2006<br>Date                    |                         |
| _____<br>Gregory A. Stobbs<br>Typed or printed name   |  | _____<br>(248) 641-1214<br>Telephone Number       |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |   |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.  |   |                         |

Express Mail Label No. EV 853 856 661 US (6/26/2006) Dated: June 26, 2006